

ENTRY BLANK

PLEASE TYPE OR PRINT

☐ Ms.

☒ Mr. Artist

case \*P.P./SC  
SCOTT N. PERGANDE

Apt 1 (Last Name Last)

Permanent

Address

16 MADISON AVE YOUNGSTOWN

Street

City

44505

Daytime Tel. (216) 743-2607

Zip

Area Code

Temporary or

Studio Address

Street

City

Daytime Tel. [REDACTED]

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? \_\_\_\_\_

Collaborator \_\_\_\_\_

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense to this address: \_\_\_\_\_

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

Scott N. Pergande

DO NOT DETACH

DO NOT DETACH

# ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☒ 5. Crafts

Materials

CERAMIC

*Sold  
Rec'd*

Title

Bob's Place

Price or NFS

200.00

Insurance Value  
if NFS Only

Size

13 1/2" x 5"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN THIS SECTION

28 (P/P)

ACCEPTED

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☒ 4. Sculpture ☐ 5. Crafts

Materials

outdoor clay

Title

"Well of Life"

Price or NFS

\$300.00

Insurance Value  
If NFS Only

Size

7' x 22"

## GRAPHICS AND PHOTOGRAPHY ONLY

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Price of  
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN  
THIS SECTION

ACCEPTED

REJECTED

RECEIVED

ASB

DATE

4/10

DETACH